

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023346

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

769

STATE FILE NUMBER

FILED JUN 26 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Joseph,Length of stay in 1b
10 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Meth. Hosp. & Med. CenterInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchananc. CITY
OR
TOWN St. Joseph,Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

1110 South 9th Street

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WINNIE

Middle

ALVERNA

Last

NEWMAN

4. DATE
OF
DEATH

Month

June

Day

17

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Feb. 14, 1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Worth County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dudley C. Schoonover

13b. MOTHER'S MAIDEN NAME

Sarah M. Stanton

14. NAME OF HUSBAND OR WIFE

John R. Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Daughter Address
Miss Lela Hulst-St. Joseph, Missouri18. CAUSE OF DEATH (Enter only one cause per line, and only one line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemiplegia, right

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Paroxysmal Hemorrhage

DUE TO (c)

Atherosclerosis, general

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in the terminal
disease condition given in PART I (a)

Hypertension, Primary Anemia, Cholelithiasis, Pulmonary Stenosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 20, 1963 to June 17, 1963 and last saw her alive on June 17, 1963
Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

June 20, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

June 25, 1963

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S.E. Senior, M.D. MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 5117

2 5117

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13 1-0

Permit issued 6-19-63

2112
2112
1 2 0 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

0-2

Student _____
Signature of Student Embalmer

Signed Robert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.